

## PART B - ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
BRADFORD J. DUFT LYON & LYON 611 WEST SIXTH STREET, 34TH FLOOR LOS ANGELES, CA 90017	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07715031	03/20/92	002	LEE, L.	1811 01/15/92
First Named Applicant: BRAD J. S.				

TITLE OF INVENTION  
PHARMACEUTICAL COMPOSITIONS CONTAINING AMYLIN  
(AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
194,107	512-001.000	W34	UTILITY	yes	\$565.00 <del>\$128.00</del>	03/15/92

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
LYON & LYON - 34th Floor 611 West Sixth Street Los Angeles, CA 90017 Attn: BRADFORD J. DUFT	1 LYON & LYON 2 3

03/20/92 07715031

DO NOT USE THIS SPACE 561 14.00CH

040 RP 03/20/92 07715031 1 242 565.00 CK  
040 RP 03/20/92 07715031 1 561 28.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: AMYLIN PHARMACEUTICALS, INC.		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 14	
(2) ADDRESS: (City & State or Country) San Diego, California		(Minimum of 10)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Delaware		6b. The following fees should be charged to:	
A. <input type="checkbox"/> This application is NOT assigned.		DEPOSIT ACCOUNT NUMBER _____	
<input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.		(Enclose Part C)	
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		<input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
		(Signature of party in interest of record) _____ (Date) 15 Mar 92	
		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	